SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	dule(s) (c of the	OR LINE NUMBER: PAGE 42 OF 72 Check only one) X 17
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name			rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Visclosky for Congress			
Full Name (Last, First, Middle Initial) A. Merrillville Florist			Date of Disbursement
Mailing Address 7005 Madison Street			04 06 2015
City Sta Merrillville IN Purpose of Disbursement Flowers	te Zip Code 46410-3451		Amount of Each Disbursement this Period 60.00 Transaction ID : D765983
Senate President Of State: District:	nt For: 2016 imary General her (specify)	Category/ Type	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Merrillville Florist Mailing Address 7005 Madison Street			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sta Merrillville IN			Amount of Each Disbursement this Period
Purpose of Disbursement Flowers Candidate Name Office Sought: House Disbursement Senate Pr	nt For: 2016 imary General her (specify)	Category/ Type	60.00 Transaction ID : D765987 [MEMO ITEM]
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address 1101 - 15th Street, NW Suite 500			04 / D D / Y Y Y Y O O C 2015
City State Zip Code Washington DC 20005 Purpose of Disbursement Broadcast Email / Support Overage		Amount of Each Disbursement this Period 300.00 Transaction ID: D765967	
Senate Pr	nt For: 2016 imary General her (specify)	Type	[MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)			0.00

TOTAL This Period (last page this line number only).....